15-730 17-15 +11040 11 S. Dr.

POSITION INITIALS ID NO. DATE

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O.I.P.E. CLASSIFIER | 10 4-16-01 |

FORMALITY REVIEW | fa | 720 | 05-29-0 |

RESPONSE FORMALITY REVIEW | Teguest | 925 | 09-05-01

## **INDEX OF CLAIMS**

Rejected	N Non-elected
= Allowed	IInterference
— (Through numeral) Canceled	A Appeal
÷ Restricted	O Objected

÷ Restricted 0 Objected						
©laim Date	Cla	aim	Date	Claim	Date	
- Final Original C Original C (12/0) C (12/0)	Final	1/5/04 1/5/04 9/24/09		Final		
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If more than 150 claims or 10 actions staple additional sheet here

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